

# Men who have Sex with Men

HIV impacts men, women and children of all races, genders, ethnicities and sexual identities; however, a disproportionate number of men who have sex with men (MSM) continue to be heavily impacted in the United States. According to the CDC, MSM accounted for 71% of all HIV infections among males in 2005, even though only five to seven percent of adult males identify themselves as MSM (CDC, 2007). In Virginia, half of the diagnosed cases of HIV/AIDS among men, in 2006, were reported among MSM.

The MSM community is diverse, comprised of men of all sexual orientations. The term “MSM” should be thought of more in terms of a behavior than denoting sexual preference. Unprotected anal sex, unprotected oral sex and needle sharing are the specific high-risk behaviors to be focused on for prevention efforts with this population. Some specific subpopulations within this group have been identified to target for prevention efforts:

## MSM living with HIV/AIDS

Highly Active Antiretroviral Treatment (HAART) has allowed MSM to live longer with HIV. However, more people living longer with HIV increases the potential to transmit HIV through high risk behaviors (CDC, 2007). At the end of 2006, an estimated 6,914 MSM were living with HIV/AIDS in Virginia. This accounts for more than half (52%) of males and 35% of all people living with HIV/AIDS through 2006.

Many people who know their HIV status reduce risk behaviors associated with HIV transmission, including MSM (CDC, 2000). As with other populations, this is not true in all cases and some MSM continue to engage in behaviors that put others at risk. In 2006, the CDC released a report of findings from the first data collection period of the National HIV Behavioral Surveillance System (NHBS) that concluded, “MSM surveyed engaged in sexual and drug-use behaviors that placed them at increased risk for HIV infection” (CDC, 2006c). The purpose of NHBS is to collect risk behavior data from three high risk populations, which includes MSM. AI-



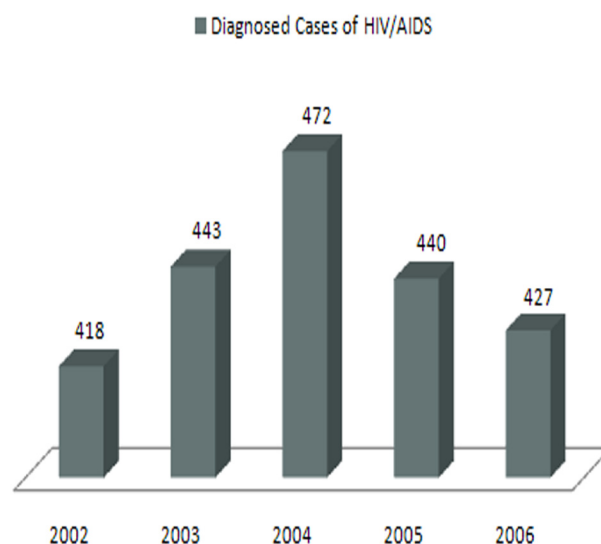
According to the CDC, MSM accounted for 71% of all HIV infections among males in 2005, even though only five to seven percent of adult males identify themselves as MSM (CDC, 2007).

At the end of 2006, an estimated 6,914 MSM were living with HIV/AIDS in Virginia. This accounts for more than half (52%) of males and 35% of all people living with HIV/AIDS through 2006.

While HIV risk for Hispanic MSM is by no means non-existent, the overwhelming majority of MSM infection, in Virginia, is among Black and White MSM.

Figure 1

Diagnosed cases of HIV/AIDS among MSM (2002-2006)



though findings from NHBS are not generalizable to all areas of Virginia, the results are important because NHBS is the CDC's primary source of data for monitoring behaviors of populations at high risk of HIV infection. The following is a list of key findings reported from NHBS on data from approximately 10,000 MSM, during November 2003-April 2005:

- Over 90% of participants had ever been tested for HIV. Of those, 77% had been tested during the preceding 12 months.
- In addition to their male sex partners, 14% of participants had at least one female sex partner during the preceding 12 months.
- Unprotected anal intercourse was reported by 58% with a main partner and 34% with a casual partner.
- Non-injection drugs were used by 42% of participants during the preceding 12 months. The most commonly used drugs were marijuana (77%), cocaine (37%), ecstasy (29%), poppers (28%), and stimulants (27%).
- Eighty percent of participants had received free condoms during the preceding 12 months, but fewer had participated in individual or group level HIV prevention programs (15% and 8%, respectively) (CDC, 2006c).

### Racial and ethnic minority MSM

In the United States, racial and ethnic minorities accounted for an increasing proportion of AIDS cases among MSM (CDC, January 2000). While HIV risk for Hispanic MSM is by no means non-existent, the overwhelming majority of MSM infection, in Virginia, is among Black and White MSM. In 2006, the proportion of diagnosed cases of HIV/AIDS among Black MSM was 50% followed by White MSM (42%), Hispanic MSM (5%) and Asian/Pacific Islander MSM (1%). Race for the remaining 2% was unreported. From 2005 to 2006, the diagnosed cases of HIV/AIDS among Black MSM increased from 46% to 49%.

The issues that persist in our society for minorities are often compounded for minority MSM. According to the CDC, social and economic factors, including racism, homophobia, poverty, and lack of access to health care, are barriers to HIV prevention, particularly, among MSM of minority races or ethnicities (CDC, 2007b).

Because of this, special emphasis on outreach and counseling and testing of minority MSM are major prevention needs. Black and Hispanic MSM are less likely to disclose their sexuality than their White counterparts due to cultural pressures and stigma. As a result, they are less likely to frequent clubs, bars or organizations that are gay/bisexual identified (Millet et al., 2006 and Diaz, 1997). Since minority MSM may not be connected to the usual networks that most frequently deliver HIV prevention/education, diverse outreach, referrals and community networking efforts are also needed.

### RESEARCH HIGHLIGHT

In a study conducted by Virginia Commonwealth University's Survey and Evaluation Research Laboratory, researchers found that 15% of the population surveyed reported MSM behaviors. This study also revealed that 78% of Latino men in rural Virginia had never been tested for HIV and that 78% had no immediate intentions of getting tested for HIV. Also, Latino men showed poor overall knowledge regarding HIV, transmission of the virus, and condom usage (Jarama et al., 2000).

### MSM who use methamphetamines

There is a growing body of research on methamphetamine use and the link with HIV infection among MSM. Evidence establishes a higher risk of HIV transmission among heterosexual adults and adolescents under the influence of methamphetamine, but since the baseline prevalence of HIV is higher among MSM, this population tends to be at greater risk for transmission. In general, research shows that MSM under the influence of methamphetamine may increase their sexual risk factors. This includes a decrease in frequency of condom use, increase in number of partners, unprotected receptive anal sex and sharing needles utilized for methamphetamine injections (CDC, 2007a).

### Young MSM

Adolescence is a time of sexual discovery and exploration for many young men. Most males who have sexual experiences with other males begin these experiences in adolescents. This phase of the lifecycle is also marked by an

RESEARCH HIGHLIGHT: Bruce Taylor, HIV/AIDS Service Group  
Characteristics and risk factors among male commercial sex workers

**Objective:** This study was to compare the HIV risk behaviors and predisposing, enabling and reinforcing factors in a group of young men that worked in the commercial sex industry compared to a cohort of non-sex working males.

**Methods:** Data collected from 421 males (ages 14-35) who self-identified as engaging in commercial sex work (CSW) from 2002-2005 in predominantly rural areas of Virginia gives insight to substance use, HIV risk behaviors, and HIV status of young males working in the sex trade industry. Risk assessment interviews with 269 of these males gives an in depth look at both qualitative and quantitative data on risky sexual and drug taking behaviors with both clients and recreational sex partners, as well as other risk factors, perceptions, attitudes and beliefs. T-tests were used for statistical analysis.

**Results:** HIV incidence was 10 times higher for CSW than their cohort. Injecting drug, methamphetamine, cocaine and alcohol abuse was also significantly higher for CSW. History of mental illness and childhood sexual assault were over 30 times higher in CSW than their cohort. Over 35% of the men identified as heterosexual, but engaged in homosexual behavior during CSW.

**Conclusions:** This study gives insight to issues surrounding this seldom-studied population, including heterosexual men who are “gay for pay” and HIV status, HIV testing history, substance abuse, mental health status and sexual practices of these young men. Successful strategies for engaging this group and interventions that proved successful in reducing risk behaviors in this group included individual level interventions such as Comprehensive Risk and Counseling Services.

intense psychological desire to “fit-in” with peers and perceived social norms and risk taking often accompanies this stage of development. According to a CDC study of 5,589 MSM, 55% of young men (ages 15-22) did not let other people know they were sexually attracted to men (CDC, 2006). Furthermore, because of the desire to “fit-in”, young MSM are more likely to have a female sex partner. Findings from the North Carolina Department of Health surveillance of Black, MSM, college students and nonstudents revealed 20% of study participants reported having a female sex partner in the preceding 12 months (CDC, 2004). In addition to risk behaviors associated with disclosure, alcohol and drug use among young MSM increase the risk of HIV infection. Nationwide, among the 33.9% of currently sexually active students, 23.3% had drunk alcohol or used drugs before their last sexual intercourse (CDC, 2006a). Combining all these factors and the lack of sex education that is specifically geared to same gender sex behaviors, young MSM are very vulnerable to acquiring HIV.

#### MSM Sex Workers

Same-sex male prostitution has been found in all

advanced cultures. Participants of same-sex male prostitution may engage in a variety of sexual acts based on the client’s desire and sexual orientation (Dynes, 1990). There are a number of terms that classify same-sex male prostitution and each population has their own specific health need (Uy et al., 2004). Typically, the term hustler is utilized for men working on the street, in bathhouses, or parks. Men who do not dance, but work in bars are referred to as ‘bar hustlers’ and men that dance are ‘go-go boys’ or ‘exotic dancers’. Finally, men that advertise in print media or on the internet are typically known as ‘escorts’, ‘masseurs’ or ‘rent boys’ (Wikipedia, 2007). There is growing research on the differences between each of these populations in regards to type of clientele, specific sexual acts that take place, methods used in attracting clients, and the nature of the relationship between the sex worker and his client that all impact risk of HIV transmission (Uy et al., 2004). In general, all forms of same-sex male prostitution can include a number of risks, including transmission of sexually transmitted diseases (including HIV), physical abuse, incarceration, stigma and emotional distress (Wikipedia, 2007).

### Heterosexually identifying MSM

Some men self identify as heterosexual, but have sex with other men. Black MSM who also have sex with women, but who do not identify as gay or disclose their bisexual activities to main female partners are referred to men “on the down-low”. A recent scientific literature review, conducted by the CDC, revealed that the high number of people living with HIV in the Black community as well as an increase in the likelihood of bisexuality among Black men place heterosexual Black women at risk for HIV (Millet, 2005).

A 1998, study conducted in Virginia of men who have sex with men (MSM) showed that 39% of Black MSM reported having sex with a woman in the past three months compared to 10% of White men. Sixty-five percent of White participants said they were exclusively attracted to men compared to only 34% of Black participants. The study also showed that Black men who were college graduates were less likely to disclose their sexual orientation to their families. The inverse was true for White men. The more education a White study participant had, the more likely he was to disclose to his family (Bradford et al., 1999).

Unfortunately, the term “down low” has been oversensationalized by the media and has been used to place additional blame and stigma on Black men. The result is that the behavior of bisexual men may have been driven further underground, resulting in socially isolated men who engage in high-risk behaviors but are unlikely to participate in prevention activities targeted to them. The risk this poses for Black women has not been adequately addressed (Martin, 2006).

Although the term “down low” widely applies to Black men, the experience is not limited to the Black community. Some argue that society has created an environment that encourages people of all races to be on the down-low. According to author J.Perez (2007), “the military penalizes men who acknowledge they are gay. This encourages them to marry women in order to deflect and discourage inquiries into their sexual behavior.” According to the CDC, “the phenomenon of men on the down low has gained much attention in recent years; however, there are no data to confirm or refute publicized accounts of HIV risk behavior associated with

these men” (CDC,2006d). Regardless of race or ethnicity, men on the down low can serve as a transmission bridge between bisexual men and heterosexual women.

### Incarcerated MSM

In the United States in 2005, the nationwide rate of confirmed AIDS cases among state and federal prisoners was about 2.5 times that of the US general population (Maruschak, 2005). High risk behaviors that lead to the transmission of HIV such as injection drug use and risky sexual practices have made prisons ideal for the transmission of infectious disease (Lancet, 2005). Peer-reviewed literature on high risk behaviors among the incarcerated varies greatly depending on research methodology, inmate populations, prison conditions and geographic location. Depending on the article, the proportion of men who have sex with men while incarcerated ranges from 2% to 65%. This is also similar for the proportion of men who are sexually assaulted (0% to 40%) while incarcerated (Okie, 2007).

### Rural MSM

In 2006, male cases of HIV/AIDS accounted for 80 percent of the total diagnosed rural cases. Nearly 23% of these cases were among MSM. Many men living in rural areas, who have sex with men, tend to engage in risk behavior in urban centers. The surveillance data may be misleading if large numbers of people move to other areas after being diagnosed with HIV (McKinney, 2002).

### MSM with a past history of childhood sexual abuse

Childhood sexual abuse (CSA) is a traumatic experience that has been shown to be associated with risks later in life, including mental illness, HIV/STD risk, intimate partner violence, and substance abuse. In one study conducted in San Francisco, evidence of the number of unprotected anal acts with partners of unknown and known HIV status was significantly associated with CSA. Although this research may not be generalizable to Virginia, it is important that HIV prevention plans include services to assist survivors with the coping with the psychological consequences of abuse, which may include behavior with the potential to



transmit HIV (O'Leary, 2000).

## REFERENCES

- Bradford, J et al.,(1999) Survey in Virginia of Men who have Sex with Men Illustrates Diversity of Experience. Virginia Commonwealth University Survey and Evaluation Research Laboratory, Richmond, VA.
- CDC (2000a). MMWR HIV/AIDS Among Racial/Ethnic Minority Men who have Sex with Men—United States, 1989-1998.
- CDC (2000b). Adoption of protective behaviors among persons with recent HIV infection and diagnosis---Alabama, New Jersey, and Tennessee, 1997--1998. MMWR 2000;49:512--5.
- CDC (June 2004). HIV transmission among Black college student and non-student men who have sex with men—North Carolina, 2003. MMWR 2004;53:731-734.
- CDC (2006a). Youth Risk Behavior Surveillance—United States, 2005. MMWR 2006;53(SS-2):1-29.
- CDC (2006b). HIV/AIDS Among Youth. Atlanta. Georgia: Retrieved October 21, 2007, from <http://www.cdc.gov/hiv/resources/factsheets/PDF/youth.pdf>
- CDC (2006c). Human Immunodeficiency Virus (HIV) Risk, Prevention, and Testing Behaviors—United States, National HIV Behavioral Surveillance System: Men Who Have Sex with Men, November 2003—April 2005.
- CDC (2006d). Questions and Answers: Men on the Down Low. October 19,2006. Retrieved October 23, 2007 from <http://www.cdc.gov/hiv/topics/aa/resources/qa/download.htm#ref>
- CDC (2007a). Methamphetamine Use and Risk for HIV/AIDS. Atlanta. Georgia: Retrieved October 10, 2007, from <http://www.cdc.gov/hiv/resources/factsheets/meth.htm>
- CDC (2007b). HIV/AIDS among Men Who Have Sex with Men. Retrieved October 21, 2007, from <http://www.cdc.gov/hiv/topics/msm/resources/factsheets/msm.htm>
- Diaz R. Latino gay men and psycho-cultural barriers to AIDS prevention. In: Levin MP, Nardi PM, Gagnon JH, eds. Changing Times: Gay Men and Lesbians Encounter HIV/AIDS. Chicago: University of Chicago Press; 1997.
- Dynes, Ed. Encyclopedia of Homosexuality. Chicago: St. James Press, 1990. Vol 2, article "Prostitution", pp. 1054-1058.
- Jarama, S.L., Kennamer, D., Honnold, J., Kennedy, S. and Bradford, J. (2000). Latino Men who have sex with Men Report. Prepared by Virginia Commonwealth University Survey and Evaluation Research Laboratory for Virginia HIV Community Planning Committee, Virginia Department of Health. Funds through Agreement U62-CCU-302020-15. Richmond, Virginia.
- Lancet (2005). Editorial: Prison health: a threat or an opportunity? Vol 366 July 2, 2005.
- Martin, E. (2006) The Impact of HIV/AIDS Among Black Women in Virginia. Virginia Department of Health, Division of Disease Prevention. Retrieved October 21, 2007, from <http://www.vdh.virginia.gov/epidemiology/DiseasePrevention/documents/pdf/HIV%20in%20Virginia%27s%20Black%20Women%20Final.pdf>
- Maruschak LM. HIV in prisons, 2003. Bureau of Justice Statistics bulletin. Washington, DC: US Department of Justice, Office of Justice Programs; September 2005. Publication no. NCJ 210344.
- McKinney, M. (2002). Variations in Rural AIDS Epidemiology and Service Delivery Models in the United States. J Rural Health, 18, 455-466.
- Millet GA, Peterson JL, Wolitski RJ, Stall R.(2006) Greater risk for HIV infection of Black men who have sex with men: a critical literature review. American Journal of Public Health;96:1007-1019.
- Millett G, Malebranche D, Mason B, Spikes P.(2005). Focusing "Down Low": Bisexual Black Men, HIV Risk and Heterosexual Transmission. Journal of the National Medical Association. Vol. 97, No. 7, July 2005. Retrieved October 21, 2007, from <http://www.healthsystem.virginia.edu/internet/him/dlpaper-millettetal.pdf>.
- O'Leary A, Remien R, Gomez C, Purcell D.(2000) Childhood sexual abuse and sexual transmission risk behavior among HIV-seropositive men who have sex with men. Int Conf AIDS. Jul 9-14; 13: abstract no. WePPD1418.
- Okie S. (2007) Sex, Drugs, Prisons, and HIV. January 2007. N Engl J med 356;2.
- Perez, J (2007). Down for Life.. Vida Publishing, January 03, 2007.
- Uy J, Parsons J, Bimbi D, Koken J, Halkitis P. Gay. (2004) Gay and bisexual male escorts who advertise on the Internet: understanding reasons for and effects of involvement in commercial sex. International Journal of Men's Health.
- Wikipedia. Male prostitution. Retrieved October 21, 2007, from [http://en.wikipedia.org/wiki/Male\\_prostitute](http://en.wikipedia.org/wiki/Male_prostitute).